

Local Agency Data Request Form

Please complete this form and submit it to the State MIS Project Manager (Sue Bailey: Sue.Bailey@idph.iowa.gov) and your Nutrition Consultant.

Requestor Information

Name:	Title:
Agency:	Email Address:
Address:	City:
Zip Code:	Phone:

Date needed by (*a minimum of 2 weeks is requested*):

Data Request Information

Report Description: (*Please provide a specific description of the data needed. Include specific information such as whether you need FIDs, PIDs, names, participant categories, WIC Status, clinic vs. agency information, etc.*)

Report date range needed (*e.g. October 1, 2015 – September 30, 2016*)

How will this information be used?

Have you requested this same information before?

Business reason for the request: ☐Grant ☐Audit ☐Program Planning ☐Other (*please describe*)

Who will have access to the data?

Will the information be shared outside the WIC Program? ☐Yes ☐No

If yes, with whom?

Additional Information:

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